GILBERT A. AMSTER

October 10.2010

Gentlemen:

Re: United States Bankruptcy Court
Southern District of New York
Lehman Brothers Claim
Chapter 11 Case no. 08-13555

OMNIBUS OBJECTION TO CLAIMS: (Late filed claims)

Gilbert Amster	Claim 66446 unsecured $14,362
Geraldine Amster	Claim 66444 unsecured $ 5,373
Gilbert & Geraldine Amster	Claim 66445 unsecured $34,816

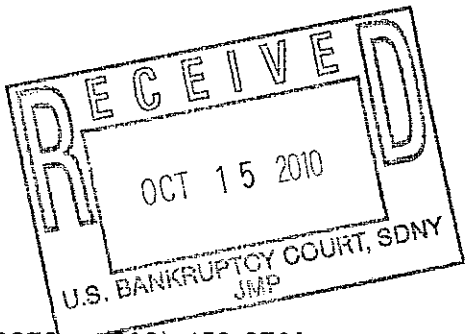
Sir:

I am enclosing a letter written by my neurologist, Dr, Edwin Amos, who has been following my failure in health for over 2 years. As he once told me I have symptoms that are similar to many immune deficiency diseases yet he had no name for what ailed me. I have had several TIA strokes, have trouble walking, bad balance, Memory is failing and sometimes I can hardly stay awake. Things got so bad, I lost all interest in everything and let my business deteriorate.

That is why I am in this predicament today. I hope you will show compassion in allowing my "late claim" to survive.

Respectfully,

Gilbert Amster



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SANTA MONICA NEUROLOGICAL CONSULTANTS

EDWIN C. AMOS, M.D. • MICHAEL E. GOLD, M.D. • ANDREW H. WOO, M.D., PH.D.

December 7, 2009

Damon Raskin, M.D.
881 Alma Real Drive, Suite 103
Pacific Palisades, CA 90272

Re: Gilbert Amster

Dear Damon:

Our patient returned today for neurological reevaluation. As per our recent discussions, this gentleman with atrial fibrillation experienced a TIA about two weeks ago which caused him to have transient motor aphasia lasting about two minutes. He has had no recurrence. A detailed evaluation revealed no change in his brain MRI findings of chronic microvascular disease and normal MR angiography of the intracranial vessels and unremarkable carotid ultrasound. At the time of his TIA he apparently was therapeutic in so far as his level of anticoagulation. I have asked him to check with his cardiologist Dr. Doshi with respect to any further pharmacological intervention which may help to improve his status regarding atrial fibrillation. At the present time I am not sure that the risk of adding an antiplatelet agent to his Coumadin is merited.

I have also spoken with his neurosurgeon, Dr. Rich, regarding a general sense of fatigue and lack of energy causing him to perceive muscular weakness in the extremities. This began several months ago after he had initially experienced significant improvement following his lumbar laminectomy in July. A detailed reevaluation of his spine including cervical, thoracic and lumbar MRI images was performed by Dr. Rich and revealed only some apparent postoperative scar in the region of the left L3 lateral recess with possible compression of the nerve root. This patient however describes bilateral lower extremity symptoms of fatigue and weakness. Nerve conduction velocity studies and EMG were performed also by Dr. Campion at Dr. Rich's request and revealed some chronic old radicular findings at L5 and S1.

I examined the patient today and found no tenderness in the spine and a negative straight leg raising and rotational test in the lower extremities. His mental status and language are normal. There is atrophy of the distal left partially musculature below the knee compared to the right side. Strength at rest is symmetrical in all muscles and there is a decrease to sensory phenomena below the knees in particular on the right L4 dermatome. Reflexes were decreased throughout and plantar responses were downgoing.

In summary, I believe that his complaints of muscular weakness are probably due to chronic old radicular problems in conjunction with a mild sensory neuropathy and subcortical microvascular disease in the brain. It is possible that his general sense of weakness and fatigue is related to his chronic atrial fibrillation. He also reports taking some type of over-the-counter antihistamine preparation daily because of some skin itching. I understand that you are evaluating him for systemic processes and it would be reasonable to check a CPK and possibly also a digoxin level. I advised that he follow up with his cardiologist regarding the issue of the intra-fibrillation and also he will continue physical therapy for gait and balance training as well as strengthening. I have invited him to return here for follow up in about the next 6 to 8 weeks.

Cordially,

Edwin C. Amos, M.D.

Cc: Sephal Doshi, M.D.
Ronald Rich, M.D.

12/8/09 Received M

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